

Veterans Post-Vietnam Monument Application **Due before November 11, 2016**

Attach to a **copy** of your DD-214 (PLEASE NO ORIGINALS)

Section A: Veteran Information:

Name: _____

First

Middle

Last

Date of service Beginning: _____ Ending: _____ Total time in service: _____

Military Rank: _____

Conflicts and Awards: (combat/in country service is NOT necessary to be included on the monument.)

Home of Record at time of service: _____

☐ Living (if living complete Section B below) ☐ Deceased (if deceased, continue to Section C)

Section B: Veteran Contact Information :

Address: _____

Street

City

State

Zip

Home #: () _____ Cell #: () _____

Email: _____

Section C: Applicant Contact Information (If Other Than Veteran):

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Home #: () _____ Cell #: () _____

Email: _____

Relationship to Veteran: _____

Signature of Veteran _____ Date _____

Signature of Applicant (if applicable) _____ Date _____

Mail To: Selectman's Office
North Haven Memorial Town Hall
18 Church Street
North Haven, CT 06473

Fax To: 203-985-0229
E-mail To: firstselectman@northhaven-ct.gov

It is the responsibility of the veteran/applicant to verify Town's receipt of application and copy of DD-214